

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

LIBERTARIAN NATIONAL COMMITTEE, INC.

ADDRESS (number and street)

2600 VIRGINIA AVE NW

SUITE 200

☐Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20037

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00255695

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

05

01

2011

through

05

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William Redpath

Signature of Treasurer

Electronically Filed by William Redpath

Date

06

20

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

The Committee wishes to disclose the following: 1) No expenditures designated on Schedule B supporting Line 21b were made on behalf of any specifically identified federal candidate(s). 2) The Libertarian National Committee (LNC) requests address, employer, and occupation information from all contributors whose yearly aggregate contributions exceed \$200.00 and informs them of the requirement of complying with 11 CFR 104.7(b)(1). In the event that the information is not supplied as a result of the initial request, Committee makes a subsequent attempt to collect the information by mail, email, or telephone contact within 30 days of the initial contribution. This 'follow up' request a) clearly asks for the missing information without requesting a contribution, b) informs the contributor of the requirements for reporting such information under federal law, and c) is enclosed with a pre-addressed envelope when sent by postal mail. If the information is submitted after the initial monthly report is filed, the contributor master file is updated and the information is updated in memo entries filed with the next regularly scheduled report. The Committee also makes periodic requests during the year for all contributors to update their contact information and for contributors whose yearly contributions aggregate to more than \$200 to update their Employer/Occupation information.

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	<div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>2011</div></div>	<div><div>2</div><div>5</div><div>7</div><div>8</div><div>0</div><div>7</div><div>.</div><div>2</div><div>4</div></div>
(b) Cash on Hand at Beginning of Reporting Period	<div><div>2</div><div>7</div><div>0</div><div>7</div><div>7</div><div>6</div><div>.</div><div>7</div><div>5</div></div>	
(c) Total Receipts (from Line 19)	<div><div>1</div><div>0</div><div>6</div><div>7</div><div>5</div><div>2</div><div>.</div><div>9</div><div>6</div></div>	<div><div>5</div><div>4</div><div>4</div><div>6</div><div>7</div><div>1</div><div>.</div><div>6</div><div>4</div></div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<div><div>3</div><div>7</div><div>7</div><div>5</div><div>2</div><div>9</div><div>.</div><div>7</div><div>1</div></div>	<div><div>8</div><div>0</div><div>2</div><div>4</div><div>7</div><div>8</div><div>.</div><div>8</div><div>8</div></div>
7. Total Disbursements (from Line 31)	<div><div>9</div><div>4</div><div>6</div><div>4</div><div>8</div><div>.</div><div>5</div><div>0</div><div></div></div>	<div><div>5</div><div>1</div><div>9</div><div>5</div><div>9</div><div>.</div><div>7</div><div>6</div><div></div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div><div>2</div><div>8</div><div>2</div><div>8</div><div>1</div><div>.</div><div>2</div><div>1</div><div></div></div>	<div><div>2</div><div>8</div><div>2</div><div>8</div><div>1</div><div>.</div><div>2</div><div>1</div><div></div></div>
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<div><div>0</div><div>0</div><div>0</div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<div><div>0</div><div>0</div><div>0</div><div></div><div></div><div></div><div></div><div></div><div></div></div>	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	5	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	W	Y
0	5	3	1	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	28320.57	196860.28
(ii) Unitemized	77432.39	344044.41
(iii) TOTAL (add Lines 11(a)(i) and (ii)	105752.96	540904.69
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	710.50
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	105752.96	541615.19
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1000.00	3056.45
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	106752.96	544671.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	106752.96	544671.64

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	94648.50	506547.67	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	94648.50	506547.67	
22. Transfers to Affiliated/Other Party Committees.....	0.00	12950.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	100.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	100.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	94648.50	519597.67	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	94648.50	519597.67	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	105752.96	541615.19
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	105752.96	541515.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	94648.50	506547.67
37. Offsets to Operating Expenditures (from Line 15, page 3)	1000.00	3056.45
38. Net Operating Expenditures (subtract Line 37 from Line 36)	93648.50	503491.22

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 97

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Michael L. Abrams

Mailing Address 2703 Westgate St

City

Houston

State

TX

Zip Code

77098-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Technology Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.19692

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Arnold Adicoff

Mailing Address 13952 Collier Rd

City

Grass Valley

State

CA

Zip Code

95945-9340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Cardiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.19700

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ms. Ruth S. Andrasco

Mailing Address 2410 Kegwood Ln

City

Bowie

State

MD

Zip Code

20715-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Ronald Sroka

Occupation

Medical Reception

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.19745

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. W. Lee Andrus

Mailing Address 5635 Hole In One Dr

City

Prescott

State

AZ

Zip Code

86301-8109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.19746

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Less Antman

Mailing Address 19 Gateview Dr

City

Fallbrook

State

CA

Zip Code

92028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.19756

Amount of Each Receipt this Period

85.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mett B. Ausley, Jr.

Mailing Address 3412 Waccamaw Shores Rd

City

Lake Waccamaw

State

NC

Zip Code

28450-9442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cypress Pathology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.19780

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional)

435.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Mark N. Axinn, Esq

Mailing Address 388 E 78th St

City

New York

State

NY

Zip Code

10075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brill & Meisel

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.19783

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Alvin C. Bailey

Mailing Address PO Box 611

City

Auburn

State

AL

Zip Code

36831-0611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.19798

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Dwight E. Baker

Mailing Address 68 Perkins Rd

City

Cartersville

State

VA

Zip Code

23027-9747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Energy Operations

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.19807

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Jonathan D. Baker

Mailing Address 233 Woodbridge Cir

City

San Mateo

State

CA

Zip Code

94403-4913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skadden ArpsOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	1

Transaction ID: SA11AI.19804

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Cody Barney

Mailing Address 1723 S Eagleson Rd

City

Boise

State

ID

Zip Code

83705-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	1

Transaction ID: SA11AI.19836

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Chris Batchelor

Mailing Address 1276 Creek Bend Rd

City

Jacksonville

State

FL

Zip Code

32259-2923

FEC ID number of contributing
federal political committee.

C

Name of Employer
AT&TOccupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	1

Transaction ID: SA11AI.19860

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey P. Beadles

Mailing Address 725 Northlake Blvd Apt 76

City

Altamonte Springs

State

FL

Zip Code

32701-6732

FEC ID number of contributing
federal political committee.

C

Name of Employer
WDW Swan ResortOccupation
Chauffeur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.19877

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Sean Bearly

Mailing Address 132 Spinnaker Way

City

Upland

State

CA

Zip Code

91786-6152

FEC ID number of contributing
federal political committee.

C

Name of Employer
City of Newport BeachOccupation
Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.19883

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph Belhobek

Mailing Address 20800 Colby Rd

City

Shaker Heights

State

OH

Zip Code

44122-1904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 1

Transaction ID: SA11AI.19904

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Dr. Ricardo Ben-Safed

Mailing Address 118 S 21st St Apt 1420

City

Philadelphia

State

PA

Zip Code

19103-4428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Behavioral Heal-
th

Occupation

Socialworker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.85

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.19918

Amount of Each Receipt this Period

16.57

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr Stuart Birch

Mailing Address 14827 Tates Way

City

Glen Allen

State

VA

Zip Code

23059-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer
International Roofing Corp

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 1

Transaction ID: SA11AI.19957

Amount of Each Receipt this Period

201.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Rick Bond

Mailing Address 10672 Hillshire Ave

City

Baton Rouge

State

LA

Zip Code

70810-0714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.20007

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

267.57

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Zacharie Boutoille

Mailing Address Box 1791

City

Fort Polk

State

LA

Zip Code

71459

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. Army

Occupation

Field Artillery FDC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.20040

Amount of Each Receipt this Period

85.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Frank J. Bowman

Mailing Address PO Box 6324

City

Laguna Niguel

State

CA

Zip Code

92607-6324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.20046

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Justin W. Boyd

Mailing Address 1350 Coventry Glen Dr Apt 103

City

Round Lake

State

IL

Zip Code

60073-5833

FEC ID number of contributing
federal political committee.

C

Name of Employer
Automated Technologies Inc.

Occupation

Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.20047

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Gary Brewer

Mailing Address 3999 Alward Rd SW

City

Pataskala

State

OH

Zip Code

43062-8662

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.20096

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Robert F. Broda

Mailing Address 905 Garfield Ave

City

Lansing

State

MI

Zip Code

48917-9249

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tony M's

Occupation

Bartender

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.20109

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Paul A. Brown

Mailing Address 1432 Meadowood Village Dr

City

Fort Worth

State

TX

Zip Code

76120-4701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.20122

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Estate of Raymond Groves Burrington

Mailing Address C/of Estate of R. G. Burrington
109 Northshore Dr Ste 303

City State Zip Code
Knoxville TN 37919-4925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deceased

Occupation
Deceased

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.20188

Amount of Each Receipt this Period

400.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Wallace Howard Burton

Mailing Address 213 S 4th St

City State Zip Code
Festus MO 63028-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.20192

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. D. J. Cahill

Mailing Address 23212 Peach Tree Rd

City State Zip Code
Clarksburg MD 20871-9125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.20222

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Scott D. Carter

Mailing Address 114 Chip Rd

City

Auburn

State

MI

Zip Code

48611-9772

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	3	/	2	0	1	1

Transaction ID: SA11AI.20264

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Matt Cerney

Mailing Address 1625 W North Ave Apt 301

City

Chicago

State

IL

Zip Code

60622-8415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Commodities Trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	6	/	2	0	1	1

Transaction ID: SA11AI.20285

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Vincent Tulli Chambers

Mailing Address 763 Hill View Way

City

Chico

State

CA

Zip Code

95926-4019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Performing Artist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	2	/	2	0	1	1

Transaction ID: SA11AI.20293

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Admiral Michael C. Colley

Mailing Address 444 Magnolia Dr

City

Gulf Shores

State

AL

Zip Code

36542-4408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired (U.S. Navy)

Occupation

Vice Admiral, Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.20368

Amount of Each Receipt this Period

150.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Admiral Michael C. Colley

Mailing Address 444 Magnolia Dr

City

Gulf Shores

State

AL

Zip Code

36542-4408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired (U.S. Navy)

Occupation

Vice Admiral, Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.20369

Amount of Each Receipt this Period

150.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. William Charles Collins

Mailing Address 505 Mallory Ct

City

El Paso

State

TX

Zip Code

79912-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer
EPIPG/Self

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.20370

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Ms. Susan M. Cox

Mailing Address 931 Baird Ln NE

City

Rochester

State

MN

Zip Code

55906-8322

FEC ID number of contributing
federal political committee.

C

Name of Employer
IBM

Occupation

Computer Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.20437

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

James Culbertson

Mailing Address 4957 Lakemont Blvd SE Ste C4 217

City

Bellevue

State

WA

Zip Code

98006-7801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.20468

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Martin Q. Dale

Mailing Address 19314 Diamond Park Cir

City

Spring

State

TX

Zip Code

77373-8413

FEC ID number of contributing
federal political committee.

C

Name of Employer
ChevronCorp..

Occupation

Purchasing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.20478

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 19 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Aaron DeCarlo

Mailing Address 9089 Saracen Dr

City

Pikesville

State

MD

Zip Code

21208-2149

FEC ID number of contributing
federal political committee.

C

Name of Employer
United States Air Force

Occupation

Active Duty Enlisted

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.20521

Amount of Each Receipt this Period

85.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Eric Deister

Mailing Address 3535 N Lakewood Ave # 1

City

Chicago

State

IL

Zip Code

60657-1433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.20536

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Gerald A. Dekker

Mailing Address 1290 Sullivan Ave Apt 9

City

Daly City

State

CA

Zip Code

94015-1817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.20540

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

385.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Gerald A. Dekker

Mailing Address 1290 Sullivan Ave Apt 9

City

Daly City

State

CA

Zip Code

94015-1817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.20541

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Michael De Mello

Mailing Address 20225 County Road 33

City

Groveland

State

FL

Zip Code

34736-9578

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Financial Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.20515

Amount of Each Receipt this Period

200.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Patrick J. Dixon

Mailing Address 5002 Sundown St

City

Lago Vista

State

TX

Zip Code

78645-6066

FEC ID number of contributing
federal political committee.

C

Name of Employer
DPAS INC

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.20593

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Sinisa M. Djordjevic

Mailing Address 1115 Hupmobile Dr NE

City

Albuquerque

State

NM

Zip Code

87123-1843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Djindeco Consulting

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.20596

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Matthew P. Drew

Mailing Address 801 E Woodcroft Pkwy Apt 802

City

Durham

State

NC

Zip Code

27713-8268

FEC ID number of contributing
federal political committee.

C

Name of Employer
Web Performance, Inc

Occupation
test engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.20638

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Carl G. Ellis

Mailing Address 2606 W Hill Rd

City

Roxbury

State

VT

Zip Code

05669-9732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.20709

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Randy Eshelman

Mailing Address 8235 S 107th St

City

La Vista

State

NE

Zip Code

68128-5798

FEC ID number of contributing
federal political committee.

C

Name of Employer
Overlook Systems Technolo-
gies, Inc.

Occupation

Satellite Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.20732

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

John P. Evans

Mailing Address PO Box 458

City

Indianola

State

WA

Zip Code

98342-0458

FEC ID number of contributing
federal political committee.

C

Name of Employer
Solutions, IQ

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.20739

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Richard Evey

Mailing Address 4150 Trim Tree Dr

City

Morganton

State

NC

Zip Code

28655-8431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.20742

Amount of Each Receipt this Period

45.00

Contribution

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Barry Fagin

Mailing Address 2135 Wickes Rd

City

Colorado Springs

State

CO

Zip Code

80919-4842

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Air Force Academy

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.20753

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Fred Ferrari

Mailing Address 510 11th St

City

Huntington Beach

State

CA

Zip Code

92648-4030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Carpets, Inc

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.20780

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Louis F. Fries, III

Mailing Address 2786 Westminster Rd

City

Ellicott City

State

MD

Zip Code

21043-3595

FEC ID number of contributing
federal political committee.

C

Name of Employer
GSK

Occupation
Clinical Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.20868

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Randy Gann

Mailing Address 6335 S 72nd East Ave

City

Tulsa

State

OK

Zip Code

74133-1122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hewlett Packard

Occupation

Computer Programmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.20906

Amount of Each Receipt this Period

75.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ms. Maryann Geisler

Mailing Address 2523 W Clybourn St

City

Milwaukee

State

WI

Zip Code

53233-2517

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Luke's Aurora

Occupation

HUC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: SA11AI.20947

Amount of Each Receipt this Period

30.00

Contribution

C.

Full Name (Last, First, Middle Initial)

June R. Genis

Mailing Address 142 Rainbow Dr # 4275

City

Livingston

State

TX

Zip Code

77399-1042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.20950

Amount of Each Receipt this Period

85.00

Contribution

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Jason B. Geyer

Mailing Address PO Box 346

City

Aromas

State

CA

Zip Code

95004-0346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Driscoll'sOccupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	4	/	2	0	1	1

Transaction ID: SA11AI.20962

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Joseph P. Gillotte

Mailing Address 8220 David Hwy

City

Lyons

State

MI

Zip Code

48851-9755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presort Services, Inc.Occupation
Bus. Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11AI.20976

Amount of Each Receipt this Period

360.00

Contribution

C.

Full Name (Last, First, Middle Initial)

David Gottlieb

Mailing Address 3008 Thomas Jefferson Dr

City

Clairton

State

PA

Zip Code

15025-3264

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	2	/	2	0	1	1

Transaction ID: SA11AI.21022

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

510.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Michael E. Graff

Mailing Address 6202 Coachman Dr S

City

Suffolk

State

VA

Zip Code

23435-3029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21025

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mark A. Grannis

Mailing Address 7108 Beechwood Dr

City

Chevy Chase

State

MD

Zip Code

20815-5174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21036

Amount of Each Receipt this Period

85.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dave Grant

Mailing Address 3776 Laura Leigh Dr

City

Friendswood

State

TX

Zip Code

77546-4157

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Weather Service

Occupation
Electronic Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21038

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Blair T. Harle

Mailing Address 735 Musago Run

City

Lake Mary

State

FL

Zip Code

32746-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer

RJ Reynolds Tobacco Compa-
ny

Occupation

Senior Division Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21147

Amount of Each Receipt this Period

85.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Bert G. Hassler

Mailing Address 128 Elkins Ave

City

Arcadia

State

CA

Zip Code

91006-1711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.21172

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Bert G. Hassler

Mailing Address 128 Elkins Ave

City

Arcadia

State

CA

Zip Code

91006-1711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.21173

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas F. Hastings

Mailing Address 10009 Vista Dr

City

Lenexa

State

KS

Zip Code

66220-2637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Veterinary Pathologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21174

Amount of Each Receipt this Period

60.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ken Heinemann

Mailing Address 3901 S Via Del Ruisenor

City

Green Valley

State

AZ

Zip Code

85622-5017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21201

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mike Heiny

Mailing Address 1154 War Eagle Ct

City

Colorado Springs

State

CO

Zip Code

80919-1520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.21205

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

410.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 29 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Brad W. Henry

Mailing Address 3606 41st Ave W

City

Seattle

State

WA

Zip Code

98199-1836

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mindworks, Inc.

Occupation

Software Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21225

Amount of Each Receipt this Period

10.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Regan Philip Hess

Mailing Address 282382 Us Highway 101 Unit Main

City

Port Townsend

State

WA

Zip Code

98368-9396

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21239

Amount of Each Receipt this Period

40.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Peter M. Hibbs

Mailing Address 5418 W 85th Pl

City

Burbank

State

IL

Zip Code

60459-2916

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marten Transport

Occupation

Truck Driver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.21241

Amount of Each Receipt this Period

201.00

Contribution

SUBTOTAL of Receipts This Page (optional)

251.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Linda A. Hinkle

Mailing Address 17545 Chesbro Lake Dr

City

Morgan Hill

State

CA

Zip Code

95037-9104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.21259

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Linda A. Hinkle

Mailing Address 17545 Chesbro Lake Dr

City

Morgan Hill

State

CA

Zip Code

95037-9104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21260

Amount of Each Receipt this Period

132.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Jason Cory Hitt

Mailing Address 100 Osage Way

City

Weldon Spring

State

MO

Zip Code

63304-8104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alter Trading

Occupation

Software Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21266

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

232.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Peter C. Hjelmstad

Mailing Address 114 Rodgers Rd

City

Black River

State

NY

Zip Code

13612-2112

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Army

Occupation

Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21268

Amount of Each Receipt this Period

85.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Richard T. Hogan

Mailing Address 4425 Shorewood Dr N

City

Hoffman Estates

State

IL

Zip Code

60192-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer
CSC Corp.

Occupation

Systems Programmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.21293

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Richard T. Hogan

Mailing Address 4425 Shorewood Dr N

City

Hoffman Estates

State

IL

Zip Code

60192-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer
CSC Corp.

Occupation

Systems Programmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.21294

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Pamela J. Hoiles

Mailing Address 25 Hillside Rd

City

Greenwich

State

CT

Zip Code

06830-4834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21297

Amount of Each Receipt this Period

150.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Stephen House

Mailing Address 34340 Auckland Ct

City

Fremont

State

CA

Zip Code

94555-2325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hughes Aircraft Co.

Occupation

Software Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21344

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ivan Howard

Mailing Address 1303 Cromwell Ct

City

Bel Air

State

MD

Zip Code

21014-2248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern States Cooperati-
ve, Inc.

Occupation

Store Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.21352

Amount of Each Receipt this Period

85.00

Contribution

SUBTOTAL of Receipts This Page (optional)

285.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Lincoln B. Hubbard

Mailing Address 4113 W End Rd

City

Downers Grove

State

IL

Zip Code

60515-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hubbard, Broadbent & Asso-
ciates LTD.

Occupation

Radiological Physicist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: SA11AI.21361

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Frank Iacono

Mailing Address 101 W 55th St

City

New York

State

NY

Zip Code

10019-5343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.21403

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dr. William B. Jackson

Mailing Address 3016 N Narrows Dr Unit 418

City

Tacoma

State

WA

Zip Code

98407-1574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.21421

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Deron Johnson

Mailing Address 1315 Burnett Dr

City

Aurora

State

IL

Zip Code

60502-7051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hyatt Hotels Corporation

Occupation

Director, Financial Planning

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21460

Amount of Each Receipt this Period

85.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. John Brady Jones

Mailing Address 402 Massie St

City

Atlanta

State

TX

Zip Code

75551-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ward Timber Co., Inc.

Occupation

Forester

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21488

Amount of Each Receipt this Period

60.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Leonard Karpinski

Mailing Address 2285 SW Creekside Ln

City

McMinnville

State

OR

Zip Code

97128-8948

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nana Worley Parsons

Occupation

Elec/Instr Designer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21537

Amount of Each Receipt this Period

30.00

Contribution

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Greg John Kerkow

Mailing Address 1941 Francis Ct

City

Shakopee

State

MN

Zip Code

55379-4314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21596

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Brian G. Kiernan

Mailing Address 435 Carpenters Cove Ln

City

Downingtown

State

PA

Zip Code

19335-4541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Interdigital Comm Corp

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21606

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Larry Kirchmer

Mailing Address 2705 N Shefford St

City

Wichita

State

KS

Zip Code

67205-2032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21623

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

John Kirscher

Mailing Address 705 Gregory Ave

City

Wilmette

State

IL

Zip Code

60091-3305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: SA11AI.21628

Amount of Each Receipt this Period

200.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Christine Kocher

Mailing Address 4770 Saint Joseph Creek Rd Apt 311

City

Lisle

State

IL

Zip Code

60532-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Student

Occupation

Student

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21657

Amount of Each Receipt this Period

85.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mary Kolodziej

Mailing Address PO Box 112

City

Minoa

State

NY

Zip Code

13116-0112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.21669

Amount of Each Receipt this Period

200.00

Contribution

SUBTOTAL of Receipts This Page (optional)

485.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

John R. Kuhn

Mailing Address 42 Church St

City

Charleston

State

SC

Zip Code

29401-2742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kuhn & Kuhn, LLC

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.21697

Amount of Each Receipt this Period

80.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ms. Jolie Marie LaChance

Mailing Address 5273 Manassas Ave

City

Las Vegas

State

NV

Zip Code

89122-7009

FEC ID number of contributing
federal political committee.

C

Name of Employer
JT3

Occupation
Electronic Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21720

Amount of Each Receipt this Period

13.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ben Lake

Mailing Address 13336 Patito PI Apt 2

City

Dallas

State

TX

Zip Code

75240-5916

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wieck Media

Occupation
Web Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21731

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

193.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Jonathan Lee

Mailing Address 1103 Saint John Ave

City

Dyersburg

State

TN

Zip Code

38024-3370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nucor Steel-AR

Occupation
Electrician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21763

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Martin Lessans

Mailing Address 7419 Baltimore Annapolis Blvd

City

Glen Burnie

State

MD

Zip Code

21061-3511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Passport Health, Inc

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.21785

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mrs. Andra R. Liemandt

Mailing Address 801 W 5th St Apt 2901

City

Austin

State

TX

Zip Code

78703-5464

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Home Maker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12665.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21801

Amount of Each Receipt this Period

2533.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2683.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Joe Liemandt

Mailing Address 801 W 5th St Apt 2901

City

Austin

State

TX

Zip Code

78703-5464

FEC ID number of contributing
federal political committee.

C

Name of Employer
TrilogyOccupation
Software

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21802

Amount of Each Receipt this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Amandus Albert Link Jr.

Mailing Address 229 Connor Dr

City

Jeannette

State

PA

Zip Code

15644-1159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.21816

Amount of Each Receipt this Period

51.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Jeff Long

Mailing Address PO Box 35

City

Byron

State

MN

Zip Code

55920-0035

FEC ID number of contributing
federal political committee.

C

Name of Employer
anethetistOccupation
Mayo Clinic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21843

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2601.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Vaughan T. Lund

Mailing Address 1503 Brook Valley Ln NE

City

Atlanta

State

GA

Zip Code

30324-3212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cooperative Technologies

Occupation
Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21883

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Kevin J. Lynch

Mailing Address PO Box 711

City

Algona

State

IA

Zip Code

50511-0711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21890

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ms. Melanie H. Lyons

Mailing Address 8405 Villaverde Dr

City

Whittier

State

CA

Zip Code

90605-1341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.21892

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Ronald MacArtney

Mailing Address 739 Franklin St

City

Hinsdale

State

IL

Zip Code

60521-3614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.21893

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Patrick T. Madden

Mailing Address 1254 Wimbeldon Blvd

City

Columbus

State

OH

Zip Code

43228-9323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Digital Data Technologies
Inc

Occupation

GIS Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21909

Amount of Each Receipt this Period

30.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Roland W. Maddrey, Jr.

Mailing Address 732 N Main St

City

Mooreville

State

NC

Zip Code

28115-2314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.21913

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Christopher R. Maden

Mailing Address 78 S School St

City

Portsmouth

State

NH

Zip Code

03801-5250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metaweb Technologies, Inc.

Occupation

Computer programmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21914

Amount of Each Receipt this Period

85.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. David L. Maris

Mailing Address 684 Benicia Dr Apt 57

City

Santa Rosa

State

CA

Zip Code

95409-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.21947

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. David R. Mason

Mailing Address 2234 E Crosby Rd

City

Carrollton

State

TX

Zip Code

75006-7744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Verizon Wireless

Occupation

Telecom Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21963

Amount of Each Receipt this Period

200.00

Contribution

SUBTOTAL of Receipts This Page (optional)

385.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas P. Mathers

Mailing Address 5626 Ruatan St

City

Berwyn Heights

State

MD

Zip Code

20740-4312

FEC ID number of contributing
federal political committee.

C

Name of Employer
NCBFAA Inc.

Occupation
Dircomm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21965

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Robert B. Matthews, Jr.

Mailing Address 3326 Desert Inn Dr

City

Montgomery

State

TX

Zip Code

77356-5350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Horn Murdock Cole

Occupation
CPA/Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.21972

Amount of Each Receipt this Period

85.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Michael J. McClung

Mailing Address PO Box 463

City

Blackwell

State

OK

Zip Code

74631-0463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Truck Driver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.22014

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Sheldon William McGraw

Mailing Address 611 S Valley St

City

Anaheim

State

CA

Zip Code

92804-3541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22035

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Michael McGuire

Mailing Address 8023 Wolff St Unit H

City

Westminster

State

CO

Zip Code

80031-4347

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Army

Occupation

Medic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22036

Amount of Each Receipt this Period

85.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Douglas R. McKissack

Mailing Address 7 Bitterroot Ln

City

Savannah

State

GA

Zip Code

31419-9507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gulfstream Aerospace

Occupation

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.22041

Amount of Each Receipt this Period

30.00

Contribution

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Michael S. McLane

Mailing Address 215 Hancock Ln

City

Athens

State

GA

Zip Code

30605-4741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22042

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Guy C. McLendon

Mailing Address 192 N Cities Service Hwy Apt 9

City

Sulphur

State

LA

Zip Code

70663-5451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gitgo Petroleum Corp.

Occupation

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22048

Amount of Each Receipt this Period

10.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Warren L. Miller

Mailing Address PO Box 98

City

Berlin

State

OH

Zip Code

44610-0098

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Postal Service

Occupation

Postal Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22121

Amount of Each Receipt this Period

40.00

Contribution

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Roy Minet

Mailing Address 1081 Snapper Dam Rd

City

Landisville

State

PA

Zip Code

17538-1544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.99

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.22136

Amount of Each Receipt this Period

35.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Stephen W. Modzelewski

Mailing Address 1578 River Rd

City

New Hope

State

PA

Zip Code

18938-9267

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Watermark Group

Occupation

Computer Programmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22149

Amount of Each Receipt this Period

150.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Moffitt

Mailing Address 2438 Ridgewood Dr

City

West Columbia

State

TX

Zip Code

77486-9685

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.22150

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

285.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Robert Moore

Mailing Address 398 Plains Rd

City

Lisbon

State

NH

Zip Code

03585-6923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Solid Earth, Inc.

Occupation

Geographer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22170

Amount of Each Receipt this Period

47.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Ronald G. Moore

Mailing Address 55 Broad St Lbby

City

New York

State

NY

Zip Code

10004-2929

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marketing Technologies Group

Occupation

Computer Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22169

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. William E. Morris

Mailing Address 2124 Brandywood Dr

City

Wilmington

State

DE

Zip Code

19810-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22187

Amount of Each Receipt this Period

40.00

Contribution

SUBTOTAL of Receipts This Page (optional)

137.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Chuck Moulton

Mailing Address 4220 Hunt Club Cir Apt 811

City

Fairfax

State

VA

Zip Code

22033-4040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Villanova Law School

Occupation
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22199

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

George W. Mowbray

Mailing Address 3649 Burton Ln

City

Lake Charles

State

LA

Zip Code

70605-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Charles Pilots, Inc.

Occupation
River Pilot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22204

Amount of Each Receipt this Period

150.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Michael C. Neviaser

Mailing Address 4005 Clearwater Ln

City

Jacksonville

State

FL

Zip Code

32223-2036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Investment Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22253

Amount of Each Receipt this Period

85.00

Contribution

SUBTOTAL of Receipts This Page (optional)

335.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Sean T. O'Toole

Mailing Address 3425 Gladstone Blvd

City

Kansas City

State

MO

Zip Code

64123-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22325

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Steven R. Osborne

Mailing Address 412 River Oaks Dr

City

Luling

State

LA

Zip Code

70070-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Dow Chemical Company

Occupation

Chemical Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22315

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Richard B. Patterson

Mailing Address 1790 Allenby Grn

City

Germantown

State

TN

Zip Code

38139-3238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shelby County Schools

Occupation

School Bus Driver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: SA11AI.22384

Amount of Each Receipt this Period

30.00

Contribution

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph H. Perry

Mailing Address 7314 Daisy St

City

Columbus

State

GA

Zip Code

31904-2606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbus State Univ.

Occupation

System Support Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22406

Amount of Each Receipt this Period

75.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Gerald A. Phillips

Mailing Address 140 E Rio Salado Pkwy Unit 1003

City

Tempe

State

AZ

Zip Code

85281-5539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.22426

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Jeff D. Pizanti

Mailing Address 6915 N Calispel St

City

Spokane

State

WA

Zip Code

99208-3929

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Navy

Occupation

Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22435

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 51 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Karl A. Poterack

Mailing Address 15815 E Burro Dr

City

Fountain Hills

State

AZ

Zip Code

85268-5307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Foundation

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.22464

Amount of Each Receipt this Period

201.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ms. Pamela P. Potter

Mailing Address 538 Spring Place Rd NE

City

White

State

GA

Zip Code

30184-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22465

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Robert R. Prechter, Jr.

Mailing Address 3560 Point View Dr

City

Gainesville

State

GA

Zip Code

30506-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elliott Wave Int'l

Occupation
Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.22484

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1201.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Earl Prochaska

Mailing Address 10 Laurretta Dr

City

Highland

State

NY

Zip Code

12528-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	1

Transaction ID: SA11AI.22496

Amount of Each Receipt this Period

60.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Mark Douglas Purdy

Mailing Address 8 Manetto Hill Rd

City

Huntington

State

NY

Zip Code

11743-6605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
businessman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	1

Transaction ID: SA11AI.22504

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Gil Robinson

Mailing Address 5150 Broadway St # 610

City

San Antonio

State

TX

Zip Code

78209-5710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	1

Transaction ID: SA11AI.22635

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1310.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Thomas Rose

Mailing Address 1503 Morgan Rd
PO Box 518

City Benson State NC Zip Code 27504-0518

FEC ID number of contributing
federal political committee.

C

Name of Employer
LJ ROGERS TRUCKING / CRES-
TMARK ENTERPROccupation
transportation broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22684

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ms. Susan S. Ruch

Mailing Address 5 Cuesta Ln

City Santa Fe State NM Zip Code 87508-8331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Ranching, Real Estate Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22704

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ms. Emily H. Salvette

Mailing Address 2016 Devonshire Rd

City Ann Arbor State MI Zip Code 48104-4058

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of MIOccupation
Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.22730

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Diane Sawyer

Mailing Address 19 Gateview Dr

City

Fallbrook

State

CA

Zip Code

92028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	2	/	2	0	1	1

Transaction ID: SA11AI.22746

Amount of Each Receipt this Period

85.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Steven Schoch

Mailing Address 974 Bluebonnet Dr

City

Sunnyvale

State

CA

Zip Code

94086-6756

FEC ID number of contributing
federal political committee.

C

Name of Employer
StarNet Communications Co-
rp

Occupation

Software Engineer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	2	/	2	0	1	1

Transaction ID: SA11AI.22785

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas J. Shepard

Mailing Address 3378 Black Willow Trl

City

Deland

State

FL

Zip Code

32724-3431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	9	/	2	0	1	1

Transaction ID: SA11AI.22877

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. John Shuey

Mailing Address 4457 Young Dr

City

Carrollton

State

TX

Zip Code

75010-1145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22890

Amount of Each Receipt this Period

25.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ralph Shuey

Mailing Address 507 N Center St

City

Ebensburg

State

PA

Zip Code

15931-1120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.22892

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Robert Shuford

Mailing Address 6 Whartons Way

City

Hampton

State

VA

Zip Code

23669-1094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Old Point National Bank

Occupation
Information Systems banki

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22896

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Dr. Robban A. Sica, M.D.

Mailing Address 37 Lakewood Dr

City

Trumbull

State

CT

Zip Code

06611-2446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for the Healing Ar-
t, PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22904

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey S. Skinner

Mailing Address PO Box 7007

City

Northridge

State

CA

Zip Code

91327-7007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prism Management Company,
Inc.

Occupation
Consulting Actuary/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.22937

Amount of Each Receipt this Period

75.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Donald G. Smith

Mailing Address 15202 Hartsook St

City

Sherman Oaks

State

CA

Zip Code

91403-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer
L A Valley College

Occupation
Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.22980

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Lloyd E. Smith

Mailing Address 21 Franklin Ave

City

Oswego

State

NY

Zip Code

13126-1755

FEC ID number of contributing
federal political committee.

C

Name of Employer
HYCO Tunnel & Sewer Co.

Occupation

Land Speculator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.22971

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Scott Spencer

Mailing Address 424 Whitridge Ave

City

Baltimore

State

MD

Zip Code

21218-4435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johns Hopkins University

Occupation

Programmer/Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.23009

Amount of Each Receipt this Period

85.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Aaron Starr

Mailing Address 4048 Tucson St

City

Simi Valley

State

CA

Zip Code

93063-1144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Haas Automation, Inc.

Occupation

Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.23055

Amount of Each Receipt this Period

10.00

Contribution

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Scott A. Stewart

Mailing Address 8401 E Appomattox St

City

Tucson

State

AZ

Zip Code

85710-2922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Raytheon

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.23086

Amount of Each Receipt this Period

40.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Timothy J. Swenson

Mailing Address 210 Vine St
PO Box 146

City

Arnegard

State

ND

Zip Code

58835-0146

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilmington Lutheran Church

Occupation
Pastor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.23157

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Randy Szabla

Mailing Address 32034 W 13 Mile Rd

City

Farmington Hills

State

MI

Zip Code

48334-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wayne State University

Occupation
Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.23164

Amount of Each Receipt this Period

85.00

Contribution

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Dr. John M. Taylor, MD

Mailing Address 145 Church St

City

Fair Haven

State

NJ

Zip Code

07704-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Samra GroupOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	1

Transaction ID: SA11AI.23177

Amount of Each Receipt this Period

85.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Charles D. Test

Mailing Address 2710 2nd Ave S

City

Minneapolis

State

MN

Zip Code

55408-1710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Landlord

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	1

Transaction ID: SA11AI.23181

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. John Thompson

Mailing Address 9308 Russell Ave S

City

Minneapolis

State

MN

Zip Code

55431-2430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	1

Transaction ID: SA11AI.23203

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Frank C. Ullman

Mailing Address 1 Toms Point Ln Apt 2C

City

Port Washington

State

NY

Zip Code

11050-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Real Estate Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.23285

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Arch Wakefield

Mailing Address 3047 Point Clear Dr

City

Tega Cay

State

SC

Zip Code

29708-8542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.23365

Amount of Each Receipt this Period

75.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Jeffrey J. Weston

Mailing Address 1255 NW 9th Ave Apt 301

City

Portland

State

OR

Zip Code

97209-2887

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eleven Wireless

Occupation

SW Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.23455

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. George R. Whitfield

Mailing Address 45107 Tarney Wood Dr

City

Portsmouth

State

VA

Zip Code

23703-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halcyon Search International

Occupation

Executive Search International

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.23474

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. George R. Whitfield

Mailing Address 45107 Tarney Wood Dr

City

Portsmouth

State

VA

Zip Code

23703-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halcyon Search International

Occupation

Executive Search International

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.23475

Amount of Each Receipt this Period

25.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Wayne G. Whitmore

Mailing Address 333 E 68th St Apt 6C

City

New York

State

NY

Zip Code

10065-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.23477

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Charles Wiggins

Mailing Address PO Box 3070

City

Liberty

State

TX

Zip Code

77575-2170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.23486

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Michael J. Williams

Mailing Address 2134 Augusta Dr

City

Houston

State

TX

Zip Code

77057-3757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cotractor

Occupation
Mechanical Engr.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.23506

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Charles W. Wilson

Mailing Address PO Box 454

City

Red Oak

State

IA

Zip Code

51566-0454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.23533

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Bernhard Wolf

Mailing Address 513 W 7th St

City

Plainview

State

TX

Zip Code

79072-6217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.23558

Amount of Each Receipt this Period

30.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Bernhard Wolf

Mailing Address 513 W 7th St

City

Plainview

State

TX

Zip Code

79072-6217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.23559

Amount of Each Receipt this Period

25.00

Contribution

SUBTOTAL of Receipts This Page (optional)

55.00

TOTAL This Period (last page this line number only)

28320.57

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 97

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

FreedomFest

Mailing Address 3 Cardinal Court #611

City

Hilton Head Is.

State

SC

Zip Code

29926-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: SA15.23824

Amount of Each Receipt this Period

1000.00

Refund of Overpayment

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 65 / 97

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

American National Insurance Co.

Mailing Address Pension Administration - P7283
PO Box 1830

City Galveston State TX Zip Code 77553-1830

Purpose of Disbursement
LP 401k Co. Match and Employee Contributions

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23704

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

1582.40

B.

Full Name (Last, First, Middle Initial)

AT&T - Mobility

Mailing Address PO Box 6463

City Carol Stream State IL Zip Code 60197-6463

Purpose of Disbursement
Mobile Broadband 5G

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23706

Date of Disbursement

05 / 16 / 2011

Amount of Each Disbursement this Period

84.46

C.

Full Name (Last, First, Middle Initial)

B & B Duplicators

Mailing Address 818 18th Street NW LL15

City Washington State DC Zip Code 20006-0000

Purpose of Disbursement
Non Candidate Party Printing Serv

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23707

Date of Disbursement

05 / 26 / 2011

Amount of Each Disbursement this Period

424.00

SUBTOTAL of Disbursements This Page (optional)

2090.86

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 66 / 97

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Robert C. Benedict

Transaction ID: SB21B.23708

Date of Disbursement

05 / 11 / 2011

Mailing Address 2400 Virginia Ave NW
Apt C1125

City Washington State DC Zip Code 20037-2661

Amount of Each Disbursement this Period

1991.46

Purpose of Disbursement

Employee Net Pay

001

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Robert C. Benedict

Transaction ID: SB21B.23709

Date of Disbursement

05 / 25 / 2011

Mailing Address 2400 Virginia Ave NW
Apt C1125

City Washington State DC Zip Code 20037-2661

Amount of Each Disbursement this Period

1991.46

Purpose of Disbursement

Employee Net Pay

001

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

BentleyForbes Watergate LLC

Transaction ID: SB21B.23710

Date of Disbursement

05 / 24 / 2011

Mailing Address PO Box 373378

City Cleveland State OH Zip Code 44193-3378

Amount of Each Disbursement this Period

10846.77

Purpose of Disbursement

Office Rent, Tax, Maint & Utilities

001

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

14829.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) Bigeye Direct, Inc.	Transaction ID: SB21B.23711 Date of Disbursement																				
Mailing Address PO Box 710865	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	4		2	0	1	1												
City Oak Hill State VA Zip Code 20171-0865	Amount of Each Disbursement this Period																				
Purpose of Disbursement Non Candidate Party Mailing Serv Candidate Name	<table border="1"> <tr> <td colspan="10">2818.87</td> </tr> </table>	2818.87																			
2818.87																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Bigeye Direct, Inc.	Transaction ID: SB21B.23712 Date of Disbursement																				
Mailing Address PO Box 710865	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	9		2	0	1	1												
City Oak Hill State VA Zip Code 20171-0865	Amount of Each Disbursement this Period																				
Purpose of Disbursement Non Candidate Party Mailing Serv Candidate Name	<table border="1"> <tr> <td colspan="10">6516.18</td> </tr> </table>	6516.18																			
6516.18																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Bigeye Direct, Inc.	Transaction ID: SB21B.23713 Date of Disbursement																				
Mailing Address PO Box 710865	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	6		2	0	1	1												
City Oak Hill State VA Zip Code 20171-0865	Amount of Each Disbursement this Period																				
Purpose of Disbursement Non Candidate Party Mailing Serv Candidate Name	<table border="1"> <tr> <td colspan="10">1402.60</td> </tr> </table>	1402.60																			
1402.60																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

10737.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 68 / 97

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) Bigeye Direct, Inc.	Transaction ID: SB21B.23714 Date of Disbursement																				
Mailing Address PO Box 710865	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	4		2	0	1	1												
City Oak Hill State VA Zip Code 20171-0865	Amount of Each Disbursement this Period																				
Purpose of Disbursement Non Candidate Party Mailing Serv Candidate Name	<table border="1"> <tr> <td colspan="10">1918.68</td> </tr> </table>	1918.68																			
1918.68																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Bigeye Direct, Inc.	Transaction ID: SB21B.23715 Date of Disbursement																				
Mailing Address PO Box 710865	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	1	1												
City Oak Hill State VA Zip Code 20171-0865	Amount of Each Disbursement this Period																				
Purpose of Disbursement Non Candidate Party Mailing Serv Candidate Name	<table border="1"> <tr> <td colspan="10">588.67</td> </tr> </table>	588.67																			
588.67																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Broadway Premium Funding	Transaction ID: SB21B.23716 Date of Disbursement																				
Mailing Address PO Box 66468	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	4		2	0	1	1												
City Chicago State IL Zip Code 60666-0468	Amount of Each Disbursement this Period																				
Purpose of Disbursement D&O Insurance Candidate Name	<table border="1"> <tr> <td colspan="10">811.64</td> </tr> </table>	811.64																			
811.64																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3318.99

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Comcast

Mailing Address PO Box 3005

City
Southeastern

State
PA

Zip Code
19398-3005

Purpose of Disbursement
Cable and DSL

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23717

Date of Disbursement

05 / 09 / 2011

Amount of Each Disbursement this Period

73.94

B.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City
Washington

State
DC

Zip Code
20002-0000

Purpose of Disbursement
DC - Admin. Funding Assessment

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23718

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

3.70

C.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City
Washington

State
DC

Zip Code
20002-0000

Purpose of Disbursement
DC - Unemployment Company

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23719

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

29.55

SUBTOTAL of Disbursements This Page (optional)

107.19

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 70 / 97

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City
Washington

State
DC

Zip Code
20002-0000

Purpose of Disbursement
DC - Withholding

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.23720

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

312.68

B.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City
Washington

State
DC

Zip Code
20002-0000

Purpose of Disbursement
DC - Admin. Funding Assessment

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.23721

Date of Disbursement

05 / 24 / 2011

Amount of Each Disbursement this Period

2.27

C.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City
Washington

State
DC

Zip Code
20002-0000

Purpose of Disbursement
DC - Unemployment Company

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.23722

Date of Disbursement

05 / 24 / 2011

Amount of Each Disbursement this Period

18.16

SUBTOTAL of Disbursements This Page (optional) ▶

333.11

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City
Washington

State
DC

Zip Code
20002-0000

Purpose of Disbursement
DC - Withholding

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.23723

Date of Disbursement

05 / 24 / 2011

Amount of Each Disbursement this Period

312.68

B.

Full Name (Last, First, Middle Initial)

De Lage Landen Financial

Mailing Address PO Box 41602

City
Philadelphia

State
PA

Zip Code
19101-1602

Purpose of Disbursement
Copier Lease

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.23724

Date of Disbursement

05 / 16 / 2011

Amount of Each Disbursement this Period

495.12

C.

Full Name (Last, First, Middle Initial)

Mr. Arthur N. DiBianca

Mailing Address 619 Friar Tuck Ln

City
Austin

State
TX

Zip Code
78704-5609

Purpose of Disbursement
Administrative Support Services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.23725

Date of Disbursement

05 / 02 / 2011

Amount of Each Disbursement this Period

1799.00

SUBTOTAL of Disbursements This Page (optional)

2606.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Mr. Arthur N. DiBianca

Mailing Address 619 Friar Tuck Ln

City
Austin

State
TX

Zip Code
78704-5609

Purpose of Disbursement
Administrative Support Services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23726

Date of Disbursement

05 / 16 / 2011

Amount of Each Disbursement this Period

1680.00

B.

Full Name (Last, First, Middle Initial)

Mr. Arthur N. DiBianca

Mailing Address 619 Friar Tuck Ln

City
Austin

State
TX

Zip Code
78704-5609

Purpose of Disbursement
Administrative Support Services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23727

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

1680.00

C.

Full Name (Last, First, Middle Initial)

Susan M. Dickson

Mailing Address 3410 Vineland Place

City
Dumfries

State
VA

Zip Code
22026-0000

Purpose of Disbursement
Employee Net Pay

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23728

Date of Disbursement

05 / 11 / 2011

Amount of Each Disbursement this Period

1084.61

SUBTOTAL of Disbursements This Page (optional)

4444.61

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Susan M. Dickson

Mailing Address 3410 Vineland Place

City
Dumfries

State
VA

Zip Code
22026-0000

Purpose of Disbursement
Employee Net Pay

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23729

Date of Disbursement

05 / 11 / 2011

Amount of Each Disbursement this Period

2311.61

B.

Full Name (Last, First, Middle Initial)

Kelly R. Dirkes

Mailing Address 6200 Wilson Blvd. #919

City
Falls Church

State
VA

Zip Code
22044-0000

Purpose of Disbursement
Employee Net Pay

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23731

Date of Disbursement

05 / 11 / 2011

Amount of Each Disbursement this Period

417.12

C.

Full Name (Last, First, Middle Initial)

Kelly R. Dirkes

Mailing Address 6200 Wilson Blvd. #919

City
Falls Church

State
VA

Zip Code
22044-0000

Purpose of Disbursement
Employee Net Pay

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23732

Date of Disbursement

05 / 25 / 2011

Amount of Each Disbursement this Period

952.52

SUBTOTAL of Disbursements This Page (optional)

3681.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Dominick J. Dunbar

Mailing Address 470 Raven Rd

City
Stafford

State
VA

Zip Code
22554-4006

Purpose of Disbursement
Employee Net Pay

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23733

Date of Disbursement

05 / 11 / 2011

Amount of Each Disbursement this Period

1120.68

B.

Full Name (Last, First, Middle Initial)

Dominick J. Dunbar

Mailing Address 470 Raven Rd

City
Stafford

State
VA

Zip Code
22554-4006

Purpose of Disbursement
Employee Net Pay

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23734

Date of Disbursement

05 / 25 / 2011

Amount of Each Disbursement this Period

475.78

C.

Full Name (Last, First, Middle Initial)

Paula Edwards

Mailing Address 1200 G Street, N.W. Suite 800

City
Washington

State
DC

Zip Code
20005-0000

Purpose of Disbursement
Fec Filing and Amendments for 2011

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23735

Date of Disbursement

05 / 02 / 2011

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

3096.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030

Purpose of Disbursement
Federal Unemployment

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23736

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

3.63

B. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030

Purpose of Disbursement
Federal Withholding

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23737

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

1599.00

C. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030

Purpose of Disbursement
Federal Withholding

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23738

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

668.00

SUBTOTAL of Disbursements This Page (optional)

2270.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030

Purpose of Disbursement
Medicare Company

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23739

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

174.14

B. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030

Purpose of Disbursement
Medicare Company

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23740

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

48.50

C. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030

Purpose of Disbursement
Medicare Employee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23741

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

174.14

SUBTOTAL of Disbursements This Page (optional)

396.78

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	Transaction ID: SB21B.23742 Date of Disbursement																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	0		2	0	1	1												
City State Zip Code St. Louis MO 63197-0030	Amount of Each Disbursement this Period																				
Purpose of Disbursement Medicare Employee Candidate Name	<table border="1"> <tr> <td colspan="10">48.50</td> </tr> </table>	48.50																			
48.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	001	Category/ Type																		
001																					
Category/ Type																					
B. Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	Transaction ID: SB21B.23743 Date of Disbursement																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	0		2	0	1	1												
City State Zip Code St. Louis MO 63197-0030	Amount of Each Disbursement this Period																				
Purpose of Disbursement Social Security Company Candidate Name	<table border="1"> <tr> <td colspan="10">744.62</td> </tr> </table>	744.62																			
744.62																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	001	Category/ Type																		
001																					
Category/ Type																					
C. Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	Transaction ID: SB21B.23744 Date of Disbursement																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	0		2	0	1	1												
City State Zip Code St. Louis MO 63197-0030	Amount of Each Disbursement this Period																				
Purpose of Disbursement Social Security Company Candidate Name	<table border="1"> <tr> <td colspan="10">207.37</td> </tr> </table>	207.37																			
207.37																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	001	Category/ Type																		
001																					
Category/ Type																					

SUBTOTAL of Disbursements This Page (optional)

1000.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 78 / 97

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030

Purpose of Disbursement
Social Security Employee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23745

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

504.42

B. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030

Purpose of Disbursement
Social Security Employee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23746

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

140.48

C. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030

Purpose of Disbursement
Federal Unemployment

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23747

Date of Disbursement

05 / 24 / 2011

Amount of Each Disbursement this Period

9.07

SUBTOTAL of Disbursements This Page (optional)

653.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 79 / 97

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030

Purpose of Disbursement
Federal Withholding

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23748

Date of Disbursement

05 / 24 / 2011

Amount of Each Disbursement this Period

1359.00

B. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030

Purpose of Disbursement
Medicare Company

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23749

Date of Disbursement

05 / 24 / 2011

Amount of Each Disbursement this Period

145.62

C. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030

Purpose of Disbursement
Medicare Employee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23750

Date of Disbursement

05 / 24 / 2011

Amount of Each Disbursement this Period

145.62

SUBTOTAL of Disbursements This Page (optional)

1650.24

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 80 / 97

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030

Purpose of Disbursement
Social Security Company
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
State: District: ☐ Other (specify) ▼

Transaction ID: SB21B.23751

Date of Disbursement

05 / 24 / 2011

Amount of Each Disbursement this Period

622.67

B. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197-0030

Purpose of Disbursement
Social Security Employee
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
State: District: ☐ Other (specify) ▼

Transaction ID: SB21B.23752

Date of Disbursement

05 / 24 / 2011

Amount of Each Disbursement this Period

421.81

C. Full Name (Last, First, Middle Initial)
Cheryl Forde

Mailing Address PO Box 56507

City State Zip Code
Philadelphia PA 19111-6507

Purpose of Disbursement
LPR Ballot Access
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
State: District: ☐ Other (specify) ▼

Transaction ID: SB21B.23755

Date of Disbursement

05 / 24 / 2011

Amount of Each Disbursement this Period

405.00

SUBTOTAL of Disbursements This Page (optional)

1449.48

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

FP Mailing Solutions

Mailing Address PO Box 4510

City
Carol Stream

State
IL

Zip Code
60197-4510

Purpose of Disbursement
Postage & Meter Resets

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23756

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Great American Leasing

Mailing Address PO Box 660831

City
Dallas

State
TX

Zip Code
75266-0831

Purpose of Disbursement
Post Meter Lease Agrmt

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23757

Date of Disbursement

05 / 24 / 2011

Amount of Each Disbursement this Period

160.99

C.

Full Name (Last, First, Middle Initial)

Casey T. Hansen

Mailing Address 1445 Ogden St. NW
Apt #212

City
Washington

State
DC

Zip Code
20010-0000

Purpose of Disbursement
Employee Net Pay

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23758

Date of Disbursement

05 / 11 / 2011

Amount of Each Disbursement this Period

1049.98

SUBTOTAL of Disbursements This Page (optional)

3210.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Casey T. Hansen

Mailing Address 1445 Ogden St. NW
Apt #212

City Washington State DC Zip Code 20010-0000

Purpose of Disbursement

Employee Net Pay

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23759

Date of Disbursement

05 / 25 / 2011

Amount of Each Disbursement this Period

1049.98

B.

Full Name (Last, First, Middle Initial)

Joe Ragan's

Mailing Address PO Box 125

City Springfield State VA Zip Code 22150-0125

Purpose of Disbursement

Office Supplies

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23760

Date of Disbursement

05 / 16 / 2011

Amount of Each Disbursement this Period

425.32

C.

Full Name (Last, First, Middle Initial)

Joe Ragan's

Mailing Address PO Box 125

City Springfield State VA Zip Code 22150-0125

Purpose of Disbursement

Office Supplies

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23761

Date of Disbursement

05 / 24 / 2011

Amount of Each Disbursement this Period

119.26

SUBTOTAL of Disbursements This Page (optional) ►

1594.56

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Joe Ragan's

Mailing Address PO Box 125

City
Springfield

State
VA

Zip Code
22150-0125

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23762

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

31.80

B.

Full Name (Last, First, Middle Initial)

Robert Johnston

Mailing Address PO Box 7742

City
Essex

State
MD

Zip Code
21221-0742

Purpose of Disbursement
Tele-fundraising Consulting

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23763

Date of Disbursement

05 / 09 / 2011

Amount of Each Disbursement this Period

1510.00

C.

Full Name (Last, First, Middle Initial)

Robert Johnston

Mailing Address PO Box 7742

City
Essex

State
MD

Zip Code
21221-0742

Purpose of Disbursement
Tele-fundraising Consulting

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23764

Date of Disbursement

05 / 24 / 2011

Amount of Each Disbursement this Period

1560.00

SUBTOTAL of Disbursements This Page (optional)

3101.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) Mr. Robert Kraus	Transaction ID: SB21B.23765 Date of Disbursement																				
Mailing Address 5375 Duke St Apt 1012	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	1	1												
City Alexandria State VA Zip Code 22304-3018	Amount of Each Disbursement this Period																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">1800.15</td> </tr> </table>	1800.15																			
1800.15																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					
B. Full Name (Last, First, Middle Initial) Mr. Robert Kraus	Transaction ID: SB21B.23766 Date of Disbursement																				
Mailing Address 5375 Duke St Apt 1012	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	5		2	0	1	1												
City Alexandria State VA Zip Code 22304-3018	Amount of Each Disbursement this Period																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">1502.40</td> </tr> </table>	1502.40																			
1502.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					
C. Full Name (Last, First, Middle Initial) LPStuff.com, Inc.	Transaction ID: SB21B.23767 Date of Disbursement																				
Mailing Address 2320 S. Kansas Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	9		2	0	1	1												
City Topeka State KS Zip Code 66611-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement Non Candidate Party Printing Serv Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					

SUBTOTAL of Disbursements This Page (optional)

3512.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Nigel A. Lyons

Mailing Address 1219 Park Rd NW Apt B

City
Washington

State
DC

Zip Code
20010-2096

Purpose of Disbursement
Employee Net Pay

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23768

Date of Disbursement

05 / 11 / 2011

Amount of Each Disbursement this Period

1055.03

B.

Full Name (Last, First, Middle Initial)

Nigel A. Lyons

Mailing Address 1219 Park Rd NW Apt B

City
Washington

State
DC

Zip Code
20010-2096

Purpose of Disbursement
Employee Net Pay

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23769

Date of Disbursement

05 / 25 / 2011

Amount of Each Disbursement this Period

1055.03

C.

Full Name (Last, First, Middle Initial)

Merchant Services

Mailing Address 890 Mountain Ave

City
New Providence

State
NJ

Zip Code
07974-0000

Purpose of Disbursement
Merch Processing Fee

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23770

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

756.48

SUBTOTAL of Disbursements This Page (optional)

2866.54

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 86 / 97

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

PAETEC - US LEC Corp.

Mailing Address PO Box 1283

City
Buffalo

State
NY

Zip Code
14240-1283

Purpose of Disbursement
Phone and Data Services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23771

Date of Disbursement

05 / 24 / 2011

Amount of Each Disbursement this Period

1193.41

B.

Full Name (Last, First, Middle Initial)

PayPal Merchant Services

Mailing Address 2211 N. First St.

City
San Jose

State
CA

Zip Code
95131-0000

Purpose of Disbursement
Merch Processing Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23772

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

2079.56

C.

Full Name (Last, First, Middle Initial)

PNC Visa Card

Mailing Address P.O. Box 856176

City
Louisville

State
KY

Zip Code
40285-6176

Purpose of Disbursement
PNC Visa Card Payment (See Attached Memos)

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23774

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

10234.23

SUBTOTAL of Disbursements This Page (optional)

13507.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 87 / 97

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B.23774.2 Date of Disbursement
Mailing Address PO Box 582820 - MD766	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 1 1</div> </div>
City Tulsa State OK Zip Code 74158-2820	Amount of Each Disbursement this Period
Purpose of Disbursement Staff Travel-Air Candidate Name	<div> <div>50.00</div> <div>002</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) AT&T - Mobility	Transaction ID: SB21B.23774.3 Date of Disbursement
Mailing Address PO Box 6463	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 1 1</div> </div>
City Carol Stream State IL Zip Code 60197-6463	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name	<div> <div>83.50</div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Facebook, Inc.	Transaction ID: SB21B.23774.9 Date of Disbursement
Mailing Address 1601 S. California Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 1 1</div> </div>
City Palo Alto State CA Zip Code 94304-0000	Amount of Each Disbursement this Period
Purpose of Disbursement Facebook Widget Ad Candidate Name	<div> <div>504.61</div> <div>004</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 88 / 97

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) Lexis-Nexis t/a Accurint	Transaction ID: SB21B.23774.12 Date of Disbursement																				
Mailing Address P.O. Box 538358	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	1		2	0	1	1												
City Atlanta State GA Zip Code 30353-8358	Amount of Each Disbursement this Period																				
Purpose of Disbursement Address and Phone Verification Services Candidate Name	<table border="1"> <tr> <td colspan="10">177.02</td> </tr> </table>	177.02																			
177.02																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) Lyris Tech - Sparklist	Transaction ID: SB21B.23774.13 Date of Disbursement																				
Mailing Address PO Box 49023	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	1		2	0	1	1												
City San Jose State CA Zip Code 95161-9023	Amount of Each Disbursement this Period																				
Purpose of Disbursement Email Marketing Services Candidate Name	<table border="1"> <tr> <td colspan="10">2187.17</td> </tr> </table>	2187.17																			
2187.17																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) METRO - Washington Metro Area Transit	Transaction ID: SB21B.23774.14 Date of Disbursement																				
Mailing Address PO Box 12176	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	1		2	0	1	1												
City Arlington State VA Zip Code 22219-2176	Amount of Each Disbursement this Period																				
Purpose of Disbursement Metrochecks Candidate Name	<table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>	200.00																			
200.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 89 / 97

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

PMR Assc. Ltd.

Mailing Address 5709 Granby Road

City State Zip Code
Rockville MD 20855-1420

Purpose of Disbursement
Computer and Server Repair and Maintenance

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23774.15

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

1187.50

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Rackspace US Inc.

Mailing Address 9725 Datapoint Dr. #100

City State Zip Code
San Antonio TX 78229-0000

Purpose of Disbursement
Website Hosting Expense

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23774.16

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

649.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

SoftLayer Technologies, Inc.

Mailing Address 4849 Alpha Road,

City State Zip Code
Dallas TX 75244-0000

Purpose of Disbursement
Email Server Hosting Expense

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23774.20

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

574.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Starwood Hotels, Inc.

Mailing Address 1015 15th Street, N.W., Suite 35

City
Washington

State
DC

Zip Code
20005-0000

Purpose of Disbursement
Staff Travel-Hotel

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.23774.21

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

2775.99

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address PO Box 86100

City
Chicago

State
IL

Zip Code
60666-0100

Purpose of Disbursement

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.23774.24

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

1010.80

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Postmaster

Mailing Address 2500 Virginia Ave NW

City
Washington

State
DC

Zip Code
20037-0000

Purpose of Disbursement
Postage

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.23775

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Potomac Press

Mailing Address 405 Glenn Drive #5

City
Sterling

State
VA

Zip Code
20164-0000

Purpose of Disbursement
Non Candidate Party Printing and Mailing Serv

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23777

Date of Disbursement

05 / 04 / 2011

Amount of Each Disbursement this Period

2470.00

B.

Full Name (Last, First, Middle Initial)

QuickBooks Payroll Service

Mailing Address PO Box 30015

City
Reno

State
NV

Zip Code
89520-3015

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23778

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

14.58

C.

Full Name (Last, First, Middle Initial)

QuickBooks Payroll Service

Mailing Address PO Box 30015

City
Reno

State
NV

Zip Code
89520-3015

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23779

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

95.67

SUBTOTAL of Disbursements This Page (optional)

2580.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

QuickBooks Payroll Service

Mailing Address PO Box 30015

City
Reno

State
NV

Zip Code
89520-3015

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23780

Date of Disbursement

05 / 24 / 2011

Amount of Each Disbursement this Period

21.20

B.

Full Name (Last, First, Middle Initial)

S&W Controls, Inc.

Mailing Address 8229 Grey Eagle Dr

City
Upper Marlboro

State
MD

Zip Code
20772-0000

Purpose of Disbursement
HVAC Repair Expense

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23782

Date of Disbursement

05 / 09 / 2011

Amount of Each Disbursement this Period

998.00

C.

Full Name (Last, First, Middle Initial)

Gary Sinawski

Mailing Address 180 Montague St., Apt 25-B

City
Brooklyn

State
NY

Zip Code
11201-3623

Purpose of Disbursement
LP Legal Expenses

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23783

Date of Disbursement

05 / 02 / 2011

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

4019.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Gary Sinawski

Mailing Address 180 Montague St., Apt 25-B

City State Zip Code
Brooklyn NY 11201-3623

Purpose of Disbursement
LP Legal Expenses

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23784

Date of Disbursement

05 / 04 / 2011

Amount of Each Disbursement this Period

919.00

B.

Full Name (Last, First, Middle Initial)

State Farm Insurance Com

Mailing Address PO Box 588002
Insurance Support -2109907138

City State Zip Code
North Metro GA 30029-8002

Purpose of Disbursement
Insurance

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23785

Date of Disbursement

05 / 09 / 2011

Amount of Each Disbursement this Period

311.49

C.

Full Name (Last, First, Middle Initial)

SunStar Press

Mailing Address PO Box 50342

City State Zip Code
Kalamazoo MI 49005-0342

Purpose of Disbursement
Renewal Incentive Expense

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23787

Date of Disbursement

05 / 04 / 2011

Amount of Each Disbursement this Period

539.04

SUBTOTAL of Disbursements This Page (optional)

1769.53

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) Telecompute Corporation Mailing Address P.O. Box 106019	Transaction ID: SB21B.23788 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 9 / 2 0 1 1</div> </div>
City Atlanta State GA Zip Code 30348-6019 Purpose of Disbursement Phone and Data Services Candidate Name <div> <div>001</div> <div>Category/Type</div> </div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>53.87</div>
B. Full Name (Last, First, Middle Initial) The Forum Press Inc. Mailing Address 3100 W. Warner Ave #7 City Santa Ana State CA Zip Code 92704-0000 Purpose of Disbursement Renewal Incentive Expense Candidate Name <div> <div>001</div> <div>Category/Type</div> </div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.23789 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 4 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>1080.20</div>
C. Full Name (Last, First, Middle Initial) Ticketmaster Mailing Address 1601 Elm St., Ste. 700 City Dallas State TX Zip Code 75201-0000 Purpose of Disbursement Merch Processing Fee Candidate Name <div> <div>001</div> <div>Category/Type</div> </div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.23790 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>745.08</div>

SUBTOTAL of Disbursements This Page (optional)

1879.15

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

United Healthcare Ins., Inc.

Mailing Address Dept. CH-10151

City
Palatine

State
IL

Zip Code
60055-0151

Purpose of Disbursement
Employee Health & Dental

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23791

Date of Disbursement

05 / 24 / 2011

Amount of Each Disbursement this Period

1829.35

B.

Full Name (Last, First, Middle Initial)

Virginia Dept. of Taxation

Mailing Address PO Box 26644

City
Richmond

State
VA

Zip Code
23261-6644

Purpose of Disbursement
VA - Withholding

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23792

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

176.00

C.

Full Name (Last, First, Middle Initial)

Virginia Dept. of Taxation

Mailing Address PO Box 26644

City
Richmond

State
VA

Zip Code
23261-6644

Purpose of Disbursement
VA - Withholding

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23793

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

293.00

SUBTOTAL of Disbursements This Page (optional)

2298.35

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 96 / 97

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Virginia Dept. of Taxation

Mailing Address PO Box 26644

City
Richmond

State
VA

Zip Code
23261-6644

Purpose of Disbursement
VA - Withholding

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23794

Date of Disbursement

05 / 24 / 2011

Amount of Each Disbursement this Period

199.00

B.

Full Name (Last, First, Middle Initial)

Worldwide Express - DHL

Mailing Address PO Box 7624

City
Arlington

State
VA

Zip Code
22207-7624

Purpose of Disbursement
Shipping

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23795

Date of Disbursement

05 / 09 / 2011

Amount of Each Disbursement this Period

46.39

C.

Full Name (Last, First, Middle Initial)

Worldwide Express - DHL

Mailing Address PO Box 7624

City
Arlington

State
VA

Zip Code
22207-7624

Purpose of Disbursement
Shipping

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23796

Date of Disbursement

05 / 16 / 2011

Amount of Each Disbursement this Period

177.77

SUBTOTAL of Disbursements This Page (optional)

423.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Worldwide Express - DHL

Mailing Address PO Box 7624

City
Arlington

State
VA

Zip Code
22207-7624

Purpose of Disbursement
Shipping

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23797

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2011

Amount of Each Disbursement this Period

57.82

SUBTOTAL of Disbursements This Page (optional)

57.82

TOTAL This Period (last page this line number only)

94489.28